

Circuit Court for _____ Case No. _____
City or County

Name _____
Street Address _____ Apt. # _____
()
City State Zip Code Area Code Telephone

Plaintiff

VS.

Name _____
Street Address _____ Apt. # _____
()
City State Zip Code Area Code Telephone

Defendant

PETITION/MOTION TO MODIFY CHILD SUPPORT
(DOM REL 6)

I, _____, representing myself, state that:
My name

1. I am the mother/ father or _____ of:
(Check One) Relationship (for example, aunt, grandfather, guardian, etc.)

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

2. On _____ the Circuit Court for _____ issued an
Date City or County
Order in case number _____, ordering _____
to pay \$_____ weekly/ biweekly/ monthly toward the support of the child(ren).
Amount (Check One)

3. Since that Order, circumstances have changed (*check all that apply*):

☐ Expenses for the child(ren) have substantially increased (*Explain*):

☐ Expenses for the child(ren) have substantially decreased (*Explain*):

Father/ mother's income has substantially increased (*Explain*):
(Check One)

Father/ mother's income has substantially decreased (*Explain*):
(Check One)

☐ Child(ren) have reached the age of 18 years.

☐ Other changes have occurred (*Explain*):

FOR THESE REASONS, I request the court (*check all that apply*):

- ☐ Order an increase in child support.
Order a decrease in child support.
- ☒ Order child support to be paid (check one):
- Through the local support enforcement agency.
- Directly to the person who has custody.
- ☐ Order _____ to provide health insurance for the child(ren).
Name
- ☒ Order any other appropriate relief.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

Date

Signature

***IMPORTANT: YOU MUST COMPLETE A FINANCIAL STATEMENT WITH THIS FORM
(Use Form DOM REL 30 or DOM REL 31)***